2015 Spring Break

Authorized Release:
For security purposes a photo ID must be presented to staff each time a camper is picked up early by a parent or anyone on the authorization list. We cannot accept phone calls requesting a change or an addition to the authorization to release list. All changes must be made in person by the parents/guardian. Other than parent(s), please list additional people who are authorized to pick up the camper.

Name: ________________________________ Relationship: __________________________ Phone 1: __________________ Phone 2: __________________
Name: ________________________________ Relationship: __________________________ Phone 1: __________________ Phone 2: __________________
Name: ________________________________ Relationship: __________________________ Phone 1: __________________ Phone 2: __________________

My signature below indicates my intent and agreement for the above camper(s) to attend Camp Nova’s Winter Camp and permission to participate in all field trips. I also understand that there is a NO refund policy.

Signature of Parent/Guardian: _____________________________ Date: ________________

Hours: Camp 9:00am-3:30pm   Extended Care: Morning 7:30am-8:30am & Afternoon 3:30pm-5:30pm

Camper(s) Will Attend:
Week (select below if camper(s) will attend all five days):
☐ Junior Camp K-5th Grade (April 3-10)   Extended Care: Before/After Care ____  Before Care Only ____  After Care Only ____

Daily (select below the individual days your camper(s) will attend):  **Junior Camp Only.**

Extended Care: Before & After Care ____  Before Care Only ____  After Care Only ____  Comment: ____________________________

Lunch Menu: *(Included in Tuition)*
Please select your sandwich choice for FRIDAY:  Turkey & Cheese - Ham & Cheese - Tuna - Jelly – Cheese

**JUNIOR CAMP ONLY**
## Payment

### Junior Camp
Tuition and T-Shirt Information:

<table>
<thead>
<tr>
<th></th>
<th>Tuition</th>
<th>Before &amp; After Care</th>
<th>T-Shirt</th>
<th>Tote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly Rate (6 days)</td>
<td>$425</td>
<td>$125</td>
<td>$15.00 ea.</td>
<td>$18.00 ea.</td>
</tr>
<tr>
<td>Daily Rate</td>
<td>$75</td>
<td>$25</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pay By:** Cash • Check (payable to Camp Nova) • MasterCard • Visa • American Express
You may fax the registration form with your payment information to Camp Nova at 954-262-3224.

- **Credit card type:** VISA   MASTERCARD   AMEX
- **Credit card #:** ____________________________ **Expiration Date:** _________ / _________ / _________
- **Cardholder’s name:** ____________________________ **Signature:** ____________________________
- **Billing Address:** ____________________________ **Zip Code:** ___________ **Amount:** $ ___________
Ocean Adventures and Swim School
Waiver of Liability

Participate Name: ____________________________________________________________ Gender (circle): M F
Email Address: ____________________________________________________________ Age: _______ DOB: ____________________________________________

Parent/ Guardian Emergency Contact Information
Name: ______________________________________________________________________
Street Address: ______________________________________________________________________
City: ____________________________ State: ______________ Zip: ____________________________
Home Phone: _________________________ Cell Phone: ____________________________
Email Address: ______________________________________________________________________

General Medical Information
Please list ANY medical problems such as food allergies, chronic conditions, etc.:
____________________________________________________________________________
____________________________________________________________________________
Medications presently taken:
____________________________________________________________________________
Dietary restrictions (food allergies, vegetarian)
____________________________________________________________________________

RELEASE AND WAIVER OF LIABILITY/IMPLIED CONSENT
In signing this form, I understand that I waive the right to sue Under Blue Waters LLC, Maya Shoup or any groups or individuals associated with Under Blue Water LLCs, for myself and my heirs, assigns or personal representatives. I am aware that Under Blue Waters LLC arrange activities involving swimming, snorkeling, SCUBA diving, sailing, fishing and kayaking in the pool and/or ocean, and traveling by boat. In participating or allowing my child to participate in these activities, I acknowledge that during these activities, I or he/she may be exposed to certain risks which are inherent in the activity and cannot be eliminated without destroying the purpose and character of the activity, such as travel by boat, swimming in or near the pool and/or ocean, snorkeling in the ocean, accident or illness in remote places without immediate access to medical facilities, and/or the forces of nature, including sun, wind, and rain. I understand the description of these risks are not complete and that these and other unknown or unanticipated inherent risks my result in injury or death. In consideration for the right for myself or my child to participate in such activities, and other services and activities arranged for me or him/her, I have and do hereby assume all risks and will forever indemnify, hold harmless, and covenant not to sue Under Blue Waters LLC, its employees, property owners, directors, officers, and members from any and all liabilities, actions, causes of actions, debts, claims, demands, or other liability of every kind and nature whatsoever which may arise or in connection with my or his/her trip to or participation in this program, whether caused by ordinary negligence or otherwise. This signed agreement serves as a release or assumption of risks for my heirs, executors, and administrators, assigns, next of kin, and members of my family. This agreement is meant to be broad and inclusive. I give permission for staff to take pictures and videos of myself or my child while participating in these activities. The photos and videos shall remain property of Under Blue Waters LLC.
Signature: ______________________ Date: ____________________________
WOW FACTORY

RELEASE OF LIABILITY & ASSUMPTION OF RISK

I, for myself, and/or for my child as their parent/guardian sign this Waiver and Assumption of Risk in consideration of the opportunity to use the facility, or to participate in ALL activities or to participate in any parties at/by Family Fun Concepts, LLC (DBA The Wow Factory).

I, for myself, and/or for my child as their parent/guardian acknowledge and understand that there are inherent risks associated with the participation in the activities at The Wow Factory, and knowingly and freely assume all such risks, both known and unknown, including those that may arise out of the negligence of other participants.

I, for myself, and/or for my child as their parent/guardian and on behalf of my or their heirs, assigns, personal representatives and next of kin, hereby hold harmless and indemnify, FAMILY FUN CONCEPTS, LLC, its’ owners, members, officers, employees, other participants, equipment manufacturers, landlord and sponsoring agencies from and against any and all claims, liabilities, injuries or damage to person or property.

Should Family Fun Concepts, LLC (DBA The Wow Factory) or anyone acting on its’ behalf, be required to incur attorney’s fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.

I understand this document is a contract. I have read it thoroughly. I understand and agree to the terms and conditions it contains.

Organization Name (Printed) _____________________________________________________________________
Organization Representative/title (Printed): _______________________________________________________

Address:_________________________________________________________________________________

City: __________________________ State: ___________ Zip: __________________________

Phone #:______________________________

E-mail Address: __________________________

Parent/Guardian Signature: __________________________

Date of Consent: /______/_____

YES _____ NO _____ I, for myself, and/or for my child, as their parent/guardian, consent to the publication of pictures taken at The Wow Factory facility for the exclusive use on its’ website.

SOCKS ARE REQUIRED IN BALLOCITY AND THE TODDLER SOFT-PLAY. CLOSED-TOE ATHLETIC SHOES ARE REQUIRED FOR THE ROPES COURSE AND ROCK WALL.